



POLICE DEPARTMENT, COUNTY OF SUFFOLK, N.Y.  
ACCREDITED LAW ENFORCEMENT AGENCY

MENTAL HEALTH ASSISTANCE  
INCIDENT REPORT

PDCS-2090a

BLOTTER # 3226 21

CC NUMBER 16-520903	PCT 6TH	COMMAND 610	SECTOR 612	CAR 612	DATE OF REPORT 8/28/16	TIME OF OCCURRENCE 1550	TIME OUT 1554
INCIDENT MENTAL HEALTH INCIDENT					DATE OF OGC 8/28/16	TIME OF ARRIVAL 1600	TIME IN 1730
COMPLAINANT LaMarco, Diane					PLACE OF OCCURRENCE 16 Taylor St, PJS 11776		
PHONE 747-5054					ADDRESS 16 Taylor St, PJS 11776		
PERSON REQUIRING ASSISTANCE (NAME) LaMarco, Matthew					SEX: <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	D.O.B. 4/22/1993	
PERSON REQUIRING ASSISTANCE (ADDRESS) 16 Taylor St, PJS 11776					PHONE # 454-4684		
LOCATION OF FIRST CONTACT: <input checked="" type="checkbox"/> STREET <input checked="" type="checkbox"/> PRIVATE HOME <input type="checkbox"/> COMMUNITY RESIDENCE <input type="checkbox"/> SCHOOL <input type="checkbox"/> SOBER HOUSE <input type="checkbox"/> COURT <input type="checkbox"/> MENTAL HEALTH CLINIC <input type="checkbox"/> OTHER (specify):							
NAME OF AGENCY / FACILITY / RESIDENCE N/A				ADDRESS OF AGENCY / FACILITY / RESIDENCE N/A			
POLICE TRANSPORT TO MENTAL HEALTH FACILITY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		REFERRAL MADE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		REFERRAL MADE TO: Mather Hospital - CPE P Unit			

SUFFOLK COUNTY MOBILE CRISIS TEAM (631)952-3333 RESPONSE HOTLINE (631)751-7500 DEPARTMENT OF SOCIAL SERVICES HOTLINE (631)854-9100

IF POLICE TRANSPORTED TO MENTAL HEALTH FACILITY, COMPLETE THE FOLLOWING ☐ VOLUNTARY ☒ INVOLUNTARY

ADDRESS / LOCATION WHERE TRANSPORT ORIGINATED 16 Taylor St, PJS 11776				
TIME OF TRANSPORT 1613	TIME OF ARRIVAL AT FACILITY 1632	TIME OF TRIAGE (INVOLUNTARY ONLY) 1647	TIME OF TRANSFER TO FACILITY (INVOLUNTARY ONLY) 1713	TIME OF OFFICER'S DEPARTURE FROM FACILITY (ALL TRANSPORTS) 1715
FACILITY (HOSPITAL) TRANSPORTED TO BY POLICE Mather Hospital		STAFF MEMBER RECEIVING PATIENT (IF INVOLUNTARY TRANSPORT) Mather Hospital		
DID PATIENT REQUIRE MEDICAL CLEARANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	SIGNS OF INTOXICATION / SUBSTANCE ABUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IS PATIENT SUBJECT TO ARREST OR UNDER ARREST? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHAT CHARGE?	
WAS PATIENT VIOLENT PRIOR TO TRANSPORT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	WAS PATIENT VIOLENT DURING TRANSPORT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DID PATIENT RESIST TRANSPORT TO HOSPITAL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IS THE PATIENT HOMELESS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IS THE PATIENT A VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
CONTRIBUTING FACTORS (check all that apply): <input type="checkbox"/> OFFICE OF MENTAL HEALTH DOCUMENTATION: <input type="checkbox"/> ASSISTED OUTPATIENT TREATMENT PICKUP (Kendra's Law MHL9.60) <input type="checkbox"/> SUICIDAL STATEMENTS OR ACTS <input type="checkbox"/> THREATS OR HOMICIDAL STATEMENTS <input type="checkbox"/> HIGHLY AGGRESSIVE BEHAVIOR <input checked="" type="checkbox"/> EVIDENCE OF APPARENT MENTAL ILLNESS <input checked="" type="checkbox"/> OTHER: Bi-Polar Disorder				

POLICE OFFICERS MUST NOTIFY A PATROL SUPERVISOR WITHIN 30 MINUTES OF ARRIVAL AT THE FACILITY

DETAILS (NOTE ALL ESSENTIAL DETAILS; SPECIFICALLY THOSE INDICATING NEED FOR TRANSPORT/NON-TRANSPORT):

Patient Psychiatric Emergency. Patient Bi-Polar Disorder And Not Taking Prescription Medication. Patient Reported As Having Delusional And Incoherent Thoughts.

No Pistol Permit

WAS A COPY OF MENTAL HEALTH ASSISTANCE NOTIFICATION FORM PROVIDED? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF PERSON PROVIDED WITH FORM AND RELATIONSHIP TO PATIENT Mother 1) LaMarco, Diane	SUPERVISOR AT SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Name:
REPORT TO FOLLOW: <input type="checkbox"/> DOMESTIC INCIDENT REPORT <input type="checkbox"/> INCIDENT REPORT <input type="checkbox"/> OTHER		
<input type="checkbox"/> ACTIVE <input type="checkbox"/> CLEARED BY ARREST <input type="checkbox"/> PENDING <input type="checkbox"/> EXCEPTIONALLY CLEARED <input checked="" type="checkbox"/> CLOSED NON-CRIMINAL		

REPORTING OFFICER'S NAME (PRINTED) Nicholas Lawrence	RANK / SHIELD PO 5593 / 610/3	SUPERVISOR'S NAME PRINTED Walter Longo	RANK / SHIELD SC 1124 / 600/3
REPORTING OFFICER'S SIGNATURE N. Lawrence	DATE 8/28/16	SUPERVISOR'S SIGNATURE Walter Longo	DATE 8/28/16

White - Central Records; Yellow - Command; Pink - Division of Community Mental Hygiene Services; Goldenrod - Hospital Staff at Drop-Off

53-0142..04/09